

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 132 OF 520
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bret Frey MD, FACEP

Mailing Address 1260 Whisper Rock Way

| | | |
|------|-------|------------|
| City | State | Zip Code |
| Reno | NV | 89523-4810 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bret Frey, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 13 | / | 2011 |

Transaction ID : C1449480

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Howard Ian Friedman

Mailing Address 1350 Liverpool Dr

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Pasadena | CA | 91103-1926 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pomona Valley Hospital Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 09 | / | 2011 |

Transaction ID : C1527248

Amount of Each Receipt this Period

207.00

Full Name (Last, First, Middle Initial)

C. Gayle A Galan

Mailing Address 1742 Rock Hill Ln

| | | |
|-------|-------|------------|
| City | State | Zip Code |
| Akron | OH | 44313-8019 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Marietta Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 14 | / | 2011 |

Transaction ID : C1434240

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

957.00